

EPIPEN AUTHORIZATION CITY OF FAIRFAX SUMMER CAMP PROGRAMS PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

I hereby authorize the City of Fairfax Summer Camp Program / Sunshine Kids(z) personnel to administer epinephrine injections as directed by the physician. I agree to release, indemnify, and hold harmless the City of Fairfax, Summer Camp Program / Sunshine Kids(z) and any of their officers, staff members, or agents from lawsuit, claim, expense, demand, or action against them for administering the injection, provided they follow the physician order as written below. I am aware that the injection may be administered by a specifically trained non-health professional. I have read the procedures outlined on this form and assume responsibility as required. I understand that all medication left at the site will be destroyed on August 26, 2016. I further understand that emergency medical services (EMS) will always be called when epinephrine is given, whether or not the child manifests any symptoms of anaphylaxis.

always be called when epinephrine is given, whether or not the child manifests any symptoms of anaphylaxis		
	Child Name (Last, First, Middle)	
	Date of Birth	
	Parent or Guardian Signature	<u>-</u>
	Daytime Telephone	Date
Fairfax epiner observ	gency injections are usually administered by non-healt x Fire and Rescue Department to administer the inject phrine may be given. It should be noted that these sta we for the development of symptoms before administer diately after report of exposure to:	ff members are not trained observers. They cannot
	(Indicate spec	ific allergen)
	e of Exposure:	
	Ingestion	
_		
0	Inhalation	
0	Insect Sting or Bite	
	k appropriate boxes:	
EpiPe		
0	Give the premeasured dose of 0.3mg epinephri Repeat dose in 15 minutes if EMS has not arriv school.)	ne 1:1000 aqueous solution (0.3cc) by autoinjection ed. (Two premeasured doses will be needed in
EpiPe		
• • • • • • • • • • • • • • • • • • •	Give the premeasured dose of 0.15mg epineph autoinjection.	rine 1:2000 aqueous solution (0.3cc) by
0	Repeat dose in 15 minutes if EMS has not arriv school.)	ed. (Two premeasured doses will be needed in
Chacl	k box if needed:	
0	One additional dose, to be used as backup, sho	ould be kept at the program site.
Effect	tive Date: From June 29, 2016 to August 19, 20	
	Physician Name (Print or Type)Physician Signature	
	Parent or Guardian Name (Print or Type)	Telephone
	Parent or Guardian Signature	
	Telephone	

Site Use Only

Check as appropriate:

- The above document is complete including signatures. (It is acceptable if all items in Part II are written on the physician's stationery or a prescription pad.)
- Medication is appropriately labeled.

PARENT INFORMATION ABOUT EPINEPHRINE PROCEDURES

- 1. Epinephrine may be given during the Summer Camp Program only with both physician and parent or quardian signed authorization.
- 2. This form must be on file at the Summer Camp Program site. The parent or guardian is responsible for obtaining the physician's statement.
- 3. A new form must be submitted to the Summer Camp Program each year and whenever there is a change in the dosage or a change in the conditions under which epinephrine is to be injected.
- 4. A physician may use office stationery or a prescription pad in lieu of completing the form. Information necessary includes:
 - · name of child
 - specific allergen for which epinephrine is being prescribed
 - route of exposure (e.g., ingestion, skin contact, inhalation, or insect sting or bites)
 - brand name of medication
 - amount of premeasured epinephrine
 - time for repeated dose if deemed necessary
 - duration of medication order and effective dates
 - physician signature
 - date
- 5. Only premeasured doses of epinephrine may be given by Summer Camp Program staff members.
- 6. Medication must be properly labeled by a pharmacist. If physician orders include a repeat of EpiPen injection, then the parent must supply camp with two EpiPens. Expiration date must be clearly indicated.
- 7. Medication must be hand-delivered to the Summer Camp Program by the parent or quardian.
- 8. A parent is to collect any unused medication on the last day of the Summer Camp Program or after the end of the expiration of order. Medication not claimed within that period shall be destroyed.